



Dr. Abigail Feathers says that Endosee “allows me to give my patients a more thorough work-up, has made office hysteroscopy much easier, and makes office procedures quicker than ever.”

**Dr. Abigail T. Feathers, a board-certified ob/gyn who recently completed active duty for the US Air Force, is in a unique position these days. For the past year, she’s been practicing 100% gynecology at Specialty Physicians of Garrett County in Oakland, MD because she’s the only gynecologist within an hour of her office. This makes her one busy doctor, with plenty of chances to utilize her revolutionary new tool, Endosee.**

## Endosee Has Proven to be Helpful for a Number of Patients, Both Young & Old

Overall, Dr. Feathers says that Endosee has helped her “visualize the uterine cavity much more often than I used to. Before, I only performed hysteroscopy in the OR for a suspected polyp that I’d found on a biopsy, or for a transvaginal ultrasound report that was highly suggestive of an intrauterine lesion. But now with Endosee, I use it with any woman with abnormal uterine bleeding (AUB) that has had an increase in the frequency or irregularity of their bleeding.” She’s also been using Endosee more and more with her premenopausal patients who are exhibiting any change in the frequency of their bleeding (such as intermenstrual bleeding, polymenorrhea, etc.) and who warrant endometrial sampling as part of their work-up for abnormal uterine bleeding. She explains that she uses Endosee “immediately prior to office endometrial biopsy in these patients because if they’ve taken Motrin ahead of time, it’s very

quick, easy and virtually painless to do both procedures at once. This gives me enough information to come up with a treatment plan: for example, if I see an endometrial polyp via Endosee, we’ll schedule surgery to remove it without having to wait for pathology results. Plus, patients don’t like to have procedures, so if I can combine two high-yield ones on the same day and perform them in under 5 minutes’ time, it’s much more comfortable for them.”

She has also started to use Endosee for persistent post-menopausal bleeding in patients with an otherwise normal work-up (normal TVUS and endometrial biopsy), but admits that she has been slower to use it for these cases due to habit. Going forward, though, she says that she will “probably start using the Endosee more in post-menopausal patients with bleeding because I wonder what pathology I miss by just doing a blind

endometrial biopsy in these patients. If you think about it, post-menopausal women are the ones who have more intrauterine pathology, so why aren’t we using Endosee more for these cases? I think with time, Endosee will be used much more often to visualize the uterine cavities in post-menopausal women with bleeding.”

Dr. Feathers has even used Endosee a few times to locate IUDs when the strings are not found during a speculum exam. She says that “it’s much more reassuring to me (and to the patients) to see the IUD in the uterine cavity as opposed to seeing a shadow of it using a grey scale ultrasound. Plus, if the patient does not have a full bladder during the ultrasound, it may not even pick up the shadow of the IUD. I feel much more comfortable reassuring my patient when I actually see that the IUD is properly positioned in the uterus.”



## A Success Story

BY DR. FEATHERS

“ I had a patient with persistent post-menopausal bleeding with a normal endometrial biopsy and transvaginal ultrasound, but I decided to also use Endosee because it is so easy to set up and poses such a low risk. Much to my surprise, I ended up finding one of the largest endometrial polyps I have ever seen.

I would never have found this polyp had I not used Endosee since I probably would not have taken her to the OR or even done office hysteroscopy because I thought I wouldn't find anything. But because Endosee is so quick and easy to use, I found significant pathology, treated the patient and her symptoms are completely resolved.”

## A More Thorough Evaluation Benefits Both Patients and Doctors

Dr. Feathers explains that “unless I am taking a patient to the OR for operative hysteroscopy, I may never visualize the endometrial cavity, and that leaves a lot of intrauterine pathology undetected. With Endosee, the procedure provides my patients with a more thorough evaluation of their abnormal uterine bleeding right in the office.”

As far as her practice is concerned, she says that “it has made office hysteroscopy (and its reimbursements) much easier, and therefore more widely used in my practice. Plus, I'm able to perform more office procedures, and quicker than ever. Because of this, I find more uterine pathology that needs surgical intervention, so it increases my number of meaningful OR cases.” In fact, Endosee has approximately doubled to tripled the returns Dr. Feathers makes on procedures performed for abnormal uterine bleeding cases (depending on insurance reimbursement rates) as she is now able to bill for an office hysteroscopy and endometrial biopsy instead of just an endometrial biopsy with minimal increased time, set-up and overhead.

## Tips That Make Endosee Even Easier to Use

At first, Dr. Feathers admits that she “got a little hung up on maintaining sterility of one hand and not the other, but the more I've used Endosee, the easier it has become. My office staff is well versed in assisting me, and if I'm getting a good view (which I do most times), Endosee honestly takes under a minute to perform from start to finish.”

As far as tips or tricks, Dr. Feathers suggests using a tenaculum on the cervix to gain better control since the Endosee scope is so flexible. She also dilates prior to inserting the Endosee scope again: due to the scope's flexibility, it minimizes disruption of the endocervical canal and enables a faster, better visualization of the uterine cavity once Endosee is inserted.

Dr. Feathers explains that the scope's “unique flexibility makes it easy to use and well tolerated by patients. However, its 25-degree scope can make visualizing the entire uterine cavity difficult for certain uterine orientations. Since you can move your camera as much as you want, it usually just moves with you. In these cases, I have found taking a ring forcep and placing it on the scope at the external cervical OS enables you to have more control over the Endosee scope than you otherwise would, which enables visualization of most uterine cavities in their entirety.”